



Corrective Action Form (CAF)	Issue	
CAF No (Admin Staff):	Complaint <input type="checkbox"/>	Appeal <input type="checkbox"/>
Date Raised:	Training Dispute <input type="checkbox"/>	Assessment Outcome Dispute <input type="checkbox"/>
Name of Person completing form:	ASQA Standard Non-Compliance (RTO Staff) <input type="checkbox"/>	
	CRICOS Non-Compliance (RTO Staff) <input type="checkbox"/>	

Section 1 to be completed by the complainant

SECTION 1
Describe the issue:

Provide details of what caused the issue:
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Print Name:	
Signature:	Date:

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Sections 2 and 3 to be completed by a QTHC Staff Member.

SECTION 2

Plan of action to correct the issue:

To Be Actioned By:		Date Required By:	
Position:			

SECTION 3

Action Completed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Completed:	
Print Name:				
Signed:				

Admin Use Only

Corrective Action Register (CAR)

Logged in CAR:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Logged:	
Logged By:				
Signature:				

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